

County: Grant
ST DOMINIC VILLA
2375 SINSINAWA ROAD

Facility ID: 8610

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HAZEL GREEN 53811 Phone: (608) 748-9814
Operated from 10/9 To 12/31 Days of Operation: 84
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 58
Total Licensed Bed Capacity (12/31/00): 58
Number of Residents on 12/31/00: 50

Ownership:
Highest Level License: Non-Profit Church Related
Operate in Conjunction with CBRF? Skilled
Title 18 (Medicare) Certified? No
Average Daily Census: Yes 44

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)		%
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	100.0		
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years	0.0		
Supp. Home Care-Household Services	No	Developmental Disabilities	2.0	Under 65	0.0	More Than 4 Years	0.0		
Day Services	No	Mental Illness (Org. /Psy)	0.0	65 - 74	8.0		-----		
Respite Care	No	Mental Illness (Other)	50.0	75 - 84	24.0		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	64.0	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.0	Full-Time Equivalent			
Congregate Meals	No	Cancer	4.0		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	2.0		100.0	(12/31/00)			
Other Meals	No	Cardiovascular	20.0	65 & Over	100.0	-----			
Transportation	No	Cerebrovascular	8.0	-----	-----	RNs	24.1		
Referral Service	No	Diabetes	4.0	Sex	%	LPNs	3.0		
Other Services	No	Respiratory	2.0	-----	-----	Nursing Assistants			
Provide Day Programming for		Other Medical Conditions	8.0	Male	0.0	Aides & Orderlies			
Mentally Ill	No	-----	-----	Female	100.0				
Provide Day Programming for		100.0	-----	-----	-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Managed Care			Percent Of All Residents	
	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem		Total
			Rate			Rate			Rate			Rate			Rate		
Int. Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Skilled Care	0	0.0	\$0.00	40	81.6	\$101.92	0	0.0	\$0.00	1	100.0	\$115.00	0	0.0	\$0.00	41	82.0%
Intermediate	---	---	---	9	18.4	\$87.08	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	9	18.0%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		49	100.0		0	0.0		1	100.0		0	0.0		50	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
				% Needing Assistance of	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%	One Or Two Staff		
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent			
Private Home/With Home Health	98.2	Bathing	4.0	70.0	26.0	50
Other Nursing Homes	1.8	Dressing	4.0	70.0	26.0	50
Acute Care Hospitals	0.0	Transferring	40.0	42.0	18.0	50
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	30.0	44.0	26.0	50
Rehabilitation Hospitals	0.0	Eating	68.0	22.0	10.0	50
Other Locations	0.0	*****				
Total Number of Admissions	56	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	6.0	Receiving Respiratory Care		0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder	64.0	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	30.0	Receiving Suctioning		0.0
Other Nursing Homes	0.0			Receiving Ostomy Care		0.0
Acute Care Hospitals	0.0	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		22.0
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	100	With Pressure Sores	4.0	Have Advance Directives		96.0
Total Number of Discharges		With Rashes	4.0	Medications		
(Including Deaths)	6			Receiving Psychoactive Drugs		42.0

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	Ownership:			Bed Size:		Licensure:		All	
	This Facility			50-99		Skilled		Facilities	
	%	Peer Group	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	75.9	92.8	0.82	86.6	0.88	87.0	0.87	84.5	0.90
Current Residents from In-County	2.0	73.6	0.03	69.4	0.03	69.3	0.03	77.5	0.03
Admissions from In-County, Still Residing	1.8	26.8	0.07	19.5	0.09	22.3	0.08	21.5	0.08
Admissions/Average Daily Census	127.3	86.5	1.47	130.0	0.98	104.1	1.22	124.3	1.02
Discharges/Average Daily Census	13.6	83.8	0.16	129.6	0.11	105.4	0.13	126.1	0.11
Discharges To Private Residence/Average Daily Census	0.0	28.3	0.00	47.7	0.00	37.2	0.00	49.9	0.00
Residents Receiving Skilled Care	82.0	89.0	0.92	89.9	0.91	87.6	0.94	83.3	0.98
Residents Aged 65 and Older	100	97.3	1.03	95.4	1.05	93.4	1.07	87.7	1.14
Title 19 (Medicaid) Funded Residents	98.0	67.3	1.46	68.7	1.43	70.7	1.39	69.0	1.42
Private Pay Funded Residents	2.0	27.1	0.07	22.6	0.09	22.1	0.09	22.6	0.09
Developmentally Disabled Residents	2.0	0.4	4.56	0.7	2.80	0.7	2.80	7.6	0.26
Mentally Ill Residents	50.0	32.8	1.53	35.9	1.39	37.4	1.34	33.3	1.50
General Medical Service Residents	8.0	22.4	0.36	20.1	0.40	21.1	0.38	18.4	0.43
Impaired ADL (Mean)	46.8	49.0	0.95	47.7	0.98	47.0	1.00	49.4	0.95
Psychological Problems	42.0	46.3	0.91	49.3	0.85	49.6	0.85	50.1	0.84
Nursing Care Required (Mean)	3.8	7.6	0.49	6.6	0.57	7.0	0.53	7.2	0.52